PTO/SB/81 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| POWER OF ATTORNEY      |
|------------------------|
| and                    |
| CORRESPONDENCE ADDRESS |
| INDICATION FORM        |

Under the Paperwork Reduction Act of 1995, no persons are requi

|                        | mation unless it displays a valid OMB control number. |
|------------------------|---|
| Application Number     | 10/541,255  |
| Filing Date            | 03/27/2006  |
| First Named Inventor   | Pflueger, D. Russell                                  |
| Title                  | Apparatus and Methods for Treating                    |
| Art Unit               | 3743  |
| Examiner Name          | Not yet assigned                                      |
| Attorney Docket Number | QMI-3077 CIP  |

|   | I previo    | us powers of attorney gi             | ven in tl   | ne above-ide       | entified applic      | ation.          |                                |        |
|---|-------------|--------------------------------------|-------------|--------------------|----------------------|-----------------|--------------------------------|--------|
| I hereby appoint:                                       |             |                                      |             |                    |                      | $\equiv$        |                                | $\neg$ |
| Practitioners as  | sociated    | with the Customer Number:            |             | 234                | <b>\$10</b>          |                 |                                |        |
|   |             |                                      |             |                    |                      |                 |                                |        |
| Practitioner(s) r                                       | amed be     | low:                                 |             |                    |                      |                 |                                |        |
|   |             | Name                                 |             |                    | Registra             | tion Numbe      | r                              |        |
|   |             |                                      |             |                    |                      |                 |                                |        |
|   |             |                                      |             |                    |                      |                 |                                |        |
|   |             |                                      |             |                    |                      |                 |                                |        |
|   |             |                                      |             |                    |                      |                 |                                |        |
| as my/our attorney(s)<br>Trademark Office con           |             | s) to prosecute the application      | identified  | above, and to t    | ransact all busin    | ess in the U    | United States Patent and       | 1      |
| Please recognize or cl                                  | nange the   | correspondence address for t         |             |                    | cation to:           |                 |                                | ٦      |
| OR  |             |                                      |             |                    |                      | 1               |                                |        |
| The address   | associat    | ed with Customer Number:             |             |                    |                      |                 |                                |        |
| Firm or Individual                                      | Namo        |                                      |             |                    |                      |                 |                                | $\neg$ |
| Address   |             |                                      |             |                    |                      |                 |                                | $\neg$ |
|   |             |                                      |             |                    |                      |                 |                                |        |
| City  |             |                                      |             | State              |                      |                 | Zip                            |        |
| Country   |             |                                      |             |                    |                      |                 |                                |        |
| Telephone   |             |                                      |             | Email              |                      |                 |                                | _      |
| Applicant/Inv  Assignee of r                            |             | the entire interest. See 37 CFR      | 3.71        |                    |                      |                 |                                |        |
| Statement ur  |             | FR 3.73(b) is enclosed. (Form        |             | 96)                |                      |                 |                                |        |
|   |             | SIGNATURE of                         | Applican    | t or Assignee      | of Record            |                 |                                |        |
| Signature   | [See atta   | ached]                               |             |                    |                      | Date            | 26-June-2007                   |        |
| Name  | D. Russ     | el Flueger                           |             |                    |                      | Telephone       | (949) 365-9199                 |        |
| Title and Company                                       | CEO, Q      | uiescence Medical, Inc.              |             |                    |                      |                 |                                |        |
| NOTE: Signatures of all t<br>signature is required, see |             | s or assignees of record of the enti | re interest | or their represent | ative(s) are require | ed. Submit m    | ultiple forms if more than or  | ie     |
| *Total of   |             | forms are submitted.                 |             |                    |                      |                 |                                |        |
| This collection of informa                              | ion is requ | ired by 37 CFR 1.31, 1.32 and 1.3    | 3. The inf  | ormation is requir | ed to obtain or reta | ain a benefit t | by the public which is to file | (and b |

Inscionation of information is required by 37 CPH 13.1, 13.2 and 13.3. In information is a required to obtain or retain a benefit by the public which is to be (and by the USPTO) to process) an application. Confidentiality is gowered by 35 USE, 122 and 37 CPH.111 and 11.4. This collection is estimated to itse 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chimoration Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO TIME ADDRESS. SEND TO: Commission for Patents, P.O. Box 1450, Alexandria, V.A. 22313-1450.

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## POWER OF ATTORNEY (REVOCATION OF PRIOR POWERS) AND PROSECUTION BY ASSIGNEE UNDER 37 C.F.R. § 3.71

Sir:

QUIESCENCE MEDICAL INC., a California Corporation, the assignee of the entire right, title and interest of patent applications listed below, under 37 C.F.R. § 3.71 hereby revokes all powers of attorneys previously given in the below-identified patent applications and hereby appoints all attorneys associated with:

Customer Number

# 23410

PATENT TRADEMARK OFFICE

with full powers of substitution and revocation, to prosecute this application and transact all matters in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, said appointment to be to the exclusion of the inventors and their attorneys in accordance with the provisions of 37 C.F.R. § 3.71.

#### Correspondence Address

Please change the correspondence address for the below-identified patent applications to the customer number 23410, and direct all written communications relative to such applications to:

> William A. English Vista IP Law Group LLP 2040 Main Street, 9<sup>th</sup> Floor Irvine, California 92614

Power of Attorney Quiescence Medical Inc.

Please direct all telephone communications to William A. English at (714) 449-8433.

## Patent Applications

| Attorney Matter No. Title |  | Inventor(s)      | Serial No. | Filing Date |  |
|---------------------------|--|------------------|------------|-------------|--|
| QMI-3077                  | Apparatus and Methods for<br>Treating Sleep Apnea                | Pflueger, et al. | 10/624,915 | 7/22/03     |  |
| QMI-3077<br>DIV           | Apparatus and Methods for<br>Treating Sleep Apnea                | Pflueger, et al. | 11/126,649 | 5/10/05     |  |
| QMI-3077P                 | Apparatus and Methods for<br>Treating Sleep Apnea                | Pflueger, et al. | 60/436,945 | 12/30/02    |  |
| QMI-3077<br>CIP           | Apparatus and Methods for<br>Treating Sleep Apnea                | Pflueger, et al. | 10/541,255 | 3/27/06     |  |
| QMI-3090                  | Stent for Maintaining Patency of a Body Region                   | Pflueger, et al. | 10/748,761 | 12/30/03    |  |
| QMI-3090P                 | Stent for Maintaining Patency of a Body Region                   | Pflueger, et al. | 60/437,058 | 12/30/02    |  |
| QMI-3160P                 | Apparatus and Methods for<br>Treating Snoring and Sleep<br>Apnea | Pflueger, et al. | 60/585,241 | 7/2/04      |  |
| QMI-3236P                 | Apparatus and Methods for<br>Treating Sleep Apnea                | Pflueger, et al. | 60/819,232 | 7/6/06      |  |

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent applications identified above from the inventor(s) to the assignee.

To the best of the undersigned's knowledge and belief, title is in the assignee identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee.

QUIESCENCE MEDICAL, INC.

Dated: 6/26/07 By: Name: D. Russell Pflueger

Title: CEO

Address: 26911 Windsor Drive

San Juan Capistrano, CA 92675